

during the patient's infective period he is of little or no risk to those with whom he comes in contact. . . .

From the standpoint of vital statistics, and for the immediate purposes of the study of venereal disease incidence, it is of paramount importance to recognize that earnest and sincere coöperation on the part of the practicing physician is required to fulfill the obligation of reporting, which is of first importance in the control of any communicable disease. There is no doubt that considerable reluctance, based upon the traditional relationship between physician and patient, still exists which may retard the immediate success of venereal disease reporting. Nevertheless, in the light of public interest and of an awakened public consciousness, this tradition is being modified where public interest so requires. Reporting by name already exists in some states, and there can now be no legitimate objection to reporting, at least by initial or number and address, under all circumstances with the condition that such information remains of a confidential nature so far as public health officials are concerned, and can in no way be used to endanger the reputation or character of those concerned. . . .

The State Department of Public Health, through the recently formed Bureau of Venereal Diseases, is anxious to be of every possible help to physicians in the care of venereal disease cases. A special bulletin on the treatment of syphilis is enclosed and it is hoped that it will prove helpful to you.

An announcement of the second objective in the venereal disease program will reach you in the near future.

MALCOLM H. MERRILL, M.D., *Chief
Bureau of Venereal Diseases
State Department of Public Health
coöperating with
U. S. Public Health Service.*

Approved:

WALTER M. DICKIE, M.D.
Field Agent, U.S.P.H.S.

Concerning Donation to the Barlow Medical Library.

June 17, 1937.

To the Association Secretary:—I have just returned from the Convention of the Medical Library Association, and find a notation of a gift of \$1,242.75 from the California Medical Association.

These annual contributions enable us to purchase for the Library many items of medical literature which otherwise we could not have. The more extensive the library, the better service we can render to the doctors of the County and State.

We express our appreciation and thanks for this generous gift.

Yours very truly,

MARY E. IRISH,
Librarian.

Concerning the Pan American Medical Cruise.

PAN AMERICAN MEDICAL ASSOCIATION

June 19, 1937.

To the Editor:—The Executive Committee of the Board of Trustees takes great pleasure in announcing that the *Queen of Bermuda* has been chartered for the Seventh Cruise-Congress. As you know, we had this boat for the last cruise and it proved to be most ideal for our purposes. Following is the itinerary:

Leave New York.....	January 15, 1938
Arrive Havana (4½ days and 5 nights in Havana)	January 18, 1938
Leave Havana	January 23, 1938
Arrive Port au Prince.....	January 24, 1938
Leave Port au Prince.....	January 24, 1938
Arrive Trujillo City (Santo Domingo).....	January 26, 1938
Leave Trujillo City (Santo Domingo).....	January 26, 1938
Arrive San Juan (Puerto Rico).....	January 27, 1938
Leave San Juan (Puerto Rico).....	January 27, 1938
Arrive New York.....	January 31, 1938

The main part of the Congress will be held in Havana. There will be three days of scientific sessions with operative clinics. These will be divided into sections for the various specialties. This year we have four new sections: Tuberculosis, gastroenterology, dentistry, and industrial medicine. Meetings will be arranged with our medical colleagues at the other ports of call.

The Hotel Savoy-Plaza in New York, and the National Hotel in Havana will be our official hotels.

Travelways, Inc., have chartered the *Queen of Bermuda* on behalf of our Association and will act as our official travel agents. As this Congress promises to be the most successful ever held by the Association, it would be highly advisable to book reservations as early as possible with Travelways, Inc., who will make every effort to satisfy the requirements of the members of the Congress. Applications for reservations should be addressed to the Pan American Medical Association at 745 Fifth Avenue, New York City.

The program committee would be pleased to receive applications for the presentation of scientific contributions.

Cordially yours,

JOSEPH J. ELLER, M. D.

Office of Director General,
745 Fifth Avenue, New York, N. Y.

Concerning Donation to the Lane Library.

To the Association Secretary:—At the last meeting of the Board the President of the University advised us of the receipt of check for \$1,242.73 from the California Medical Association as a contribution to the Lane Medical Library.

The Trustees deeply appreciate this generous action on the part of the Association, and I was requested to extend, through you, their profound thanks to the members of the Association.

Yours very truly,

IRA S. LILLICK, *Secretary.*

Concerning: "If and when we have State Medicine."

To the Editor:—What will be the status of the specialist if and when we have State Medicine? How will the various specialties be classified? How will the men in the different branches be selected, on the basis of years of practice, years of post-graduate work, or by the number and kind of influential political friends, or on the basis of competitive examination, similar to civil service?

Will post-graduate work be encouraged? If so, will the State pay for it, pay for the time off, similar to army regulation? Who will designate the places to study? Will that be left to the discretion of the individual physician, or will it be controlled by a board? If by a board, will it be composed of doctors or laity?

What will be the psychological reaction of the mass of the profession toward the compulsory attendance of patients? What will be the stimulus for exhaustive study of puzzling cases?

Will every section of the human anatomy be divided for special study, and be under the jurisdiction of a specialist in that part? If so, what will be the result obtained by the narrow specialist in relation to other ailments of the same individual? Will it be necessary to have a dozen specialists in consultation if a patient should complain of symptoms in different parts of the body?

What will be the inducement to physicians to write scientific articles?

What will be the relation of physician to patient? What if an illiterate patient decides that the physician attending the case is not competent—will he go to the lay committee to complain, or will he go to some politician friend to have the doctor disqualified, or reduced in rank?

If State Medicine becomes a practice, can the State stop there? What effect will it have upon the new graduates? Are they to become specialists as soon as they graduate, or must they go out in the field as general practitioners? If as specialists, who will pay for their time and tuition? The hospitals in which they study will have to conform to some degree with the plan, and will they, as a consequence, be supported by the State? What then will become of the private donations to these institutions? If private bequests are withdrawn, will that increase the amount necessary to support the institution to be given by the State, and will that in turn increase the State's budget and in turn increase the taxes?

If the physician is a State agent, will the medical students attending the State schools be subject to pay the present rate of medical tuition? If cheaper, what will become of the private schools?

What will become of the various medical societies? What will be their value? Certainly not for medical protection,

for if State Medicine comes, that in itself will show that the medical societies are not capable of protecting their interests. Certainly not to protect the lay people against themselves, because that will be too late. Will it be necessary to belong to a medical society to be in good standing? Do State officers, clerks, judges, and various other State employes belong to fraternities in order to be in good standing?

If there is a change in the political situation, will the general practitioner of today be the specialist of tomorrow? If there are one hundred graduates, and a vacancy for only fifty doctors, what will become of the other fifty? Or will the State regulate the number it will need to be permitted to graduate or enroll? If a physician who is in ill health, or for other reasons needs to or desires to make a change from one state to another, will it be necessary to make a political application, medical application, or wait for a quota, or wait for a vacancy?

If there exists an old-age law, will the doctor be removed after a certain age, and be placed on a pension? Will a surgeon be replaced at a younger age than a general practitioner?

Who will be responsible for malpractice suits, the doctor or the State?

If each physician asked himself each one of the foregoing questions, and made an attempt to answer as he thinks the situation might be, we would have a more concise idea as to the precise effect upon us and the laity if and when we have "State Medicine."

6253 Hollywood Boulevard, Hollywood.

HAROLD I. HARRIS.

Concerning the use of Healing Art Degrees by Persons not licensed in California.

(Copy)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, July 9, 1937.

C. B. Pinkham, M. D.,
Secretary-Treasurer,
Board of Medical Examiners,
450 McAllister Street,
San Francisco, California.

Dear Sir:

I have your communication of the fourteenth instant in which are asked the following questions:

"May the holder of a certificate as a physician and surgeon, licensed by the Osteopathic Board in this State, who is a graduate of the Rush Medical School, Chicago, and who holds from that school the degree of M. D., use the term M. D. on his professional cards, or otherwise, in connection with the term D. O., without infringing the State Medical Practice Act?"

"In the event your answer is that such a physician and surgeon may not use the term M. D., then I should like to know if the term D. O. and M. D. could be used by such certificate holder, not for the purpose of practicing professionally, but as a member of the faculty of a non-accredited school for the purpose of teaching?"

In reply, please be advised the use of the suffix "M. D." on a professional card would, in my opinion, violate that portion of Section 17 of the Medical Practice Act of this State which prohibits a person not licensed under said act from using in any sign or advertisement the letters "M. D."

The Legislature, in my opinion, has the right to prevent persons possessing such degree from using the same for the purpose of securing professional business, unless they be licensed.

The fact of being licensed by the Osteopathic Board as a physician and surgeon is not important. Such a person cannot use professionally the suffix "M. D." without being licensed by the Medical Board.

The same situation would prevent a physician and surgeon licensed by the Board of Medical Examiners from using the expression "D. O." or any term indicating he was licensed as an osteopathic physician and surgeon.

As to your second question, it is the view of this office that the Legislature has no right to limit the use of a personal degree if its action will not in some way serve to protect the public. A person possessing and using a *bona*

fide degree, not in connection with the practice of medicine, could in no way impose on members of the public.

Teaching cannot be said to ordinarily constitute the practice of profession or a holding oneself out as so doing. For example, the teaching of chemistry, physics, or anatomy would not be practicing medicine.

However, should a person advertise himself as an "M.D." without licensure by the Board of Medical Examiners, and either examine or diagnose members of the public, a violation of the law would follow. (*People vs. Jordan*, 172 Cal. 391.)

Very truly yours,

U. S. WEBB, *Attorney General*.

By (signed) LIONEL BROWNE,
Deputy.

LB:F
JJE 1439

Concerning Animal Rabies in Los Angeles County.

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

June 24, 1937.

To the Editor:—You are familiar with the rabies situation in Los Angeles, and what we have done in supporting Doctor Parrish in his efforts to have a ninety-day quarantine ordinance adopted by the City Council. The opposition to rabies control measures, in my opinion, comes from the manner in which they are carried out. The old method of procedure was to have police officers and deputy sheriffs shoot dogs on sight, and arouse the antagonism of dog owners and the general public.

We recommend that a limited quarantine be placed on all dogs; that owners of dogs be requested to confine them to their premises or exercise them on a leash; that the humane society be requested to collect all stray dogs; that a proper pound or place of retention be established under the supervision of a man who understands dogs (preferably, of course, a veterinarian); that dogs be retained in the pound for sufficient time so that owners may claim them. At the end of a certain period of time, stray dogs should be disposed of in a humane manner. Owners should be advised to vaccinate their dogs.

This may not be 100 per cent effective, but the two measures taken together, namely, the picking up of stray dogs and the vaccination of privately owned dogs, rapidly clears up the rabies situation. However, it is not an activity which can be undertaken sporadically, but should be a continuous activity in both the city and county health departments. I feel that the health departments would be justified in establishing a Rabies Control Division, and devote their time to the same.

One of the greatest difficulties we have had to contend with is that the dog tax in most places is a revenue tax. It has always seemed to me that dog owners who pay the tax should receive something in return; either free vaccination for their dogs, or their dogs should not be menaced by a stray dog population.

It has been suggested that, instead of depending on the Rabies Act, the Board adopt rules and regulations for the control of rabies, with special reference to the handling of actual cases and contacts. This would give the health officer a continuous authority to deal with the situation, rather than having to adopt local ordinances or to request the enforcement of the State Rabies Act.

Very truly yours,

W. M. DICKIE,
Director of Public Health.

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH RABIES IN ANIMALS

Months	Los Angeles County Total		Los Angeles City		California	
	1936	1937	1936	1937	1936	1937
January	101	87	76	50	122	106
February	74	135	45	62	86	156
March	74	180	34	84	94	235
April	68	182	35	97	80	213
May	55	186	24	82	71	227
June*	71	119	30	61	95	137
July	51	.....	9	.....	83	.....
August	49	.....	16	.....	65	.....
September	61	.....	15	.....	81	.....
October	71	.....	30	.....	85	.....
November	62	.....	17	.....	83	.....
December	87	.....	33	.....	107	.....
Totals	824	889	364	436	1,052	1,074

* Month of June, 1937: first three weeks only